



IOWA DEPARTMENT OF PUBLIC HEALTH (IDPH) CONFIRMATION OF DESTRUCTION FORM

Confirmation of destruction is required by the Data Sharing Agreement with the Iowa Department of Public Health (IDPH). Destruction shall be by means which render IDPH data and any files created by linking the data files, unidentifiable and useless.

Data Sharing Agreement (DSA):

Entity Name as shown on DSA:

Printed Name of the DSA Signatory as shown on the DSA:

Signature of the DSA Signatory:

Expiration date of agreement:

Method used to destroy data:

Date the data was destroyed:

Name of person verifying destruction:

Signature of person verifying destruction:

Phone #:

E-mail:

If our data was used to prepare published reports, etc.:

On what date did you send a copy to IDPH:

On what date did you receive approval to publish:

PLEASE MAIL TO:
Iowa Department of Public Health
Bureau of Communication and Planning
321 E. 12th St.
Des Moines, IA 50319